International Journal of Transgender Health

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wijt21

Exploring the practice principles and beliefs of trans-care providers working with trans and detrans youth: A survey-based analysis

Annie Pullen Sansfaçon, Maryse Lapierre, Mélanie Millette, Tommly Planchat, Morgane A. Gelly & Denise Médico

To cite this article: Annie Pullen Sansfaçon, Maryse Lapierre, Mélanie Millette, Tommly Planchat, Morgane A. Gelly & Denise Médico (25 Jul 2024): Exploring the practice principles and beliefs of trans-care providers working with trans and detrans youth: A survey-based analysis, International Journal of Transgender Health, DOI: 10.1080/26895269.2024.2382782

To link to this article: https://doi.org/10.1080/26895269.2024.2382782

Published online: 25 Jul 2024.

INTERNATIONAL JOURNAL OF TRANSGENDER HEALTH
https://doi.org/10.1080/26895269.2024.2382782

Taylor & Francis
Taylor & Francis Group

Exploring the practice principles and beliefs of trans-care providers working with trans and detrans youth: A survey-based analysis

Annie Pullen Sansfaçon[a], Maryse Lapierre[a], Mélanie Millette[b], Tommly Planchat[a], Morgane A. Gelly[a] and Denise Médico[c]

[a]School of Social Work, Université de Montréal, Montréal, Québec, Canada; [b]Communication Department, Université du Québec à Montréal (UQAM), Montréal, Québec, Canada; [c]Department of Sexology, Université du Québec à Montréal (UQAM), Montréal, Québec, Canada

ABSTRACT

Objective: While research on detransition in young people has helped to develop a data-driven understanding of this new phenomenon, it only became available late 2020. This small-scale exploratory project aims to examine the attitudes and beliefs on the topic of detransition held by trans-care providers working with trans and non-binary youth at a moment when research evidence was limited.

Method: An online survey was circulated between September 1, 2020, and January 31, 2021. A total of 147 professionals participated, of whom 61 completed more than 60% of the online survey. The survey examined how attitudes and beliefs of these 61 participants compare between providers who have or may have followed youth who detransitioned (YDT) ($n=29$) and those who have not ($n=22$). Descriptive and Mann-Withney U tests using SPSS V 28 were performed. Qualitative data were analised through thematic analysis and used to illustrate quantitative data.

Results: The analysis uncovered slight but significant differences between these two groups of care providers. The results indicate that those who have interacted with YDT are less likely to have adhered to the empirical evidence available at the time of the survey compared to those who have not.

Conclusion: While the reasons for these differences are not entirely clear, the article suggests that media content may have captured the attention of providers who have followed YDT, potentially leading to confirmation bias.

Implications: The latest peer-reviewed evidence has to be more readily accessible to all providers, and providers must critically appraise evidence to ensure that their practices are more data-driven and insure best intervention for all gender-diverse youth.

KEYWORDS

Beliefs; confirmation bias; detransition; discontinuation of transition; media consumption; representations; trans care providers; values

Introduction

Since the early 2010s, there has been an increase in youth accessing gender clinics across the world to initiate gender transition. Gender transitions can be legal (change of name or pronoun on ID), social (change of presentation through clothing, hair, makeup and so on) or medical (hormone blockers, hormone therapy and surgery). So far, the vast majority of research has shown that each of these transition can lead to positive outcomes among trans and non-binary youth (TNBY). For example, long-term cohort studies conducted in Amsterdam and elsewhere show improvement and sometimes stability in people's experiences of gender dysphoria, self-image and overall psychological functioning (Achille et al., 2020; Allen et al., 2019; Carmichael et al., 2021; de Vries et al., 2011). This evidence is echoed in the new Standards of Care (SOC 8) (Coleman et al., 2022) from the World Professional Association for Transgender Health (WPATH). While acknowledging the limitations inherent in drawing upon various methodologies, SOC 8 provide practice guidelines to trans-care providers by evaluating the literature, which demonstrates that patients experience overall improvement in various indicators related to mental health and life satisfaction after

CONTACT Morgane A. Gelly morgane.gelly@umontreal.ca School of Social Work, Université de Montréal, Montréal, Québec, Canada.

initiating gender-affirming medical care (GAMC) (Coleman et al., 2022).

A few studies are more mitigated regarding mental health improvement after GAMC (Glintborg et al., 2023; Hisle-Gorman et al., 2021; McPherson & Freedman, 2024). However, these studies fail to consider the contextual factors, such as the socio-political environment, which has been shown to impact health outcomes for TNB youth and adults (DuBois & Juster, 2022; Lee et al., 2024; Wilson et al., 2016). Recently, the Cass Report suggests that only weak evidence supports the use of medical transition among youth, but their conclusion has already been strongly criticized by WPATH as well as the US Professional Association for Transgender Health (USPATH) and the European Professional Association for Transgender Health (EPATH) (EPATH, 2024; WPATH & USPATH, 2024).

While transition often improves well-being, some youth may discontinue or detransition, temporarily or permanently. Empirical research on detransition emerged after 202 (see Expósito-Campos et al., 2023 for extensive discussion of the published research on detransition), with one notable earlier exception being a commentary on detransition calling for more research on the topic (Butler & Hutchinson, 2020). Detransition generally involves halting or reversing a transition, often with an accompanying shift in gender identity (Expósito-Campos et al., 2023; MacKinnon et al., 2023). The term "discontinuation," more broadly, designates the interruption of some transition steps with or without a corresponding identity shift (Expósito-Campos et al., 2023). Originally, the term "desistence" was primarily applied to prepubescent children who stopped identifying as trans after a gender dysphoria diagnosis; more recently it has begun to be used to refer to halting a social transition before undertaking medical steps (Expósito-Campos et al., 2023). However, definitions of these terms vary widely. In particular, "detransition" is often misinterpreted to mean a return to a cis identity, (Dodsworth, 2024; Levine, 2018), but this view is inaccurate. In fact, research on youth who have detransitioned or discontinued a transition (YDT) reveal a highly diverse group, among whom many will not revert to their birth-assigned sex but instead identify with other identities such as detrans or gender-nonconforming, or cease identifying with any gender (Littman, 2021; Pullen Sansfaçon et al., 2023; Pullen Sansfaçon et al., 2024; Vandenbussche, 2021). They can also experience a range of complex emotions and non-linear journeys (Expósito-Campos et al., 2023; Pullen Sansfaçon et al., 2023). The experience of detransition must not be conflated with regrets, as regrets can occur without detransition and vice versa (Expósito-Campos et al., 2023).

A recent systematic review shows that detransition rates vary based on the definition used in a given study (Expósito-Campos et al., 2023). It estimates that detransition or regret after hormone therapy or surgery ranges between 0% and 9.8%, while discontinuation of gender-affirming treatments may range between 1.9% and 29.8%. However, the study does not clarify whether these populations have also detransitioned or experienced identity shifts.

Representations of transition and detransition in the media

While more research on detransition has been available since 2021, earlier information mostly originated from media. Media coverage of youth gender transitions and detransitions shapes public perspectives on TNBY at various levels, and is often the public's first encounter with LGBTQ individuals (McInroy & Craig, 2015, 2017). Little research has analyzed worldwide media depictions of TNBY. One study on Canadian press between 2011 and 2019 found that coverage of trans youth spiked in 2015, and was mostly positive (Dyer et al., 2023). However, analyses of films and TV series tend to show a negative bias against trans people and trans youth (Mocarski et al., 2019), although some have noted a slight improvement from 2013 (McLaren, 2018).

Studies by Slothouber (2015–2018) and Millette et al. (2017–2020) suggest that traditional media portray gender-affirming approaches as promoting unrestricted and rapid access to GAMC, leading to a perceived high prevalence of detransition (though such high prevalence has not been documented) (Millette et al., 2024; Slothouber, 2020). Indremo et al. (2022) observed an association

between the broadcast of a news story that painted a negative picture of transitions and emphasized regrets with reduced referals to gender clinics in Sweden, especially those assigned female at birth and 13 to 18-year-old youth. Authors speculate this type of media coverage coud impact clinicians attitudes and parental support for TNBY and, consequently, access to GAMC for TNBY (Indremo et al., 2022). Furthermore, Littman (2018) introduced the concept of "rapid-onset gender dysphoria" (ROGD), suggesting that social contagion through peer interaction and online content causes some youth with mental health issues or who are neurodivergent to suddenly identify as TNBY. Earlier, it was also proposed that some youth believe they are trans due to a psychic epidemic, and later regret their transition or choose to detransition (Marchiano, 2017). The discourse on ROGD and psychic epidemics has begun to impact professionals working with TNBY and to influence decisions on transgender rights policies (Sissons, 2022).

Despite ongoing debates, recent guidelines recommend that professionals support youth who may wish to discontinue their transition, noting that detransitions remain infrequent (Coleman et al., 2022). They acknowledge the impossibility of predicting which youth may discontinue a transition or choose to detransition later in life, and that gender identity may remain fluid (Coleman et al., 2022). Despite urgent needs for knowledge and protocols, no guidelines exist for assisting YDT (Butler & Hutchinson, 2020). Concerns about future regrets and lawsuits also affect medical professionals' interventions with TNBY (MacKinnon et al., 2021).

Attitudes and beliefs of care providers

Limited studies have examined healthcare professionals' attitudes toward TNB patients (Kanamori et al., 2017). Educating professionals can improve their attitudes and the care they provide, but insufficient training about trans health persists (Cutillas-Fernández et al., 2023). While support for trans patients is increasing, some professionnals still hold transphobic views and engage in transphobic practices, including supporting conversion therapy (Mocarski et al., 2019).

Apart from a few studies where professionnals report YDT's experiences with puberty blockers or surgery (Narayan et al., 2021; Vrouenraets et al., 2022), no studies adress professionals' views on detransition. However, research shows that a care provider's beliefs or experiences with patients may lead to bias, which affects the quality, consistency and accuracy of their decision-making (Featherston et al., 2020). Furthermore, lack of information in combination with negative personal views may lead professionals to withhold their support of patients' decisions (Winter et al., 2019). With little research on detransition, negative media representation of YDT can increase trans-care providers' anxiety and deter them from providing care to TNBY (Farley & Kennedy, 2020).

This study shows how meeting or not meeting YDT affects professionals' perceptions of transition and detransition, and explores differences in their beliefs, values and practices. This article presents the results of non-parametric tests addressing the following questions:

1. Are providers who have followed YDT and professionals who have not followed YDT guided by the same principles?
2. Do providers who have followed YDT and professionals who have not followed YDT have the same assumptions about detransition and transition?

Methods

The project received ethics approval from the principal investigator's and co-researchers' university ethics boards. Data collection took place *via* a LimeSurvey from September 1, 2020, to January 31, 2021, open to trans health providers working with TNBY across disciplines and locations. The survey was presented as a study that aimed to understand the perspectives and experiences of providers on "discontinuation," "detransition" and "desistance," as definitions of those terms were still being debated at the start of the research in 2019. To best capture the respondents' own understanding of the phenomenon, we chose not to provide definitions of these terms. Participants were recruited through electronic invitations distributed on listservs and professional forums, such as the

World Professional Association for Transgender Health member forum, the World Association of Sexology listserv, the Working Group on Gender (USA) listserv and various Facebook groups (e.g. International Transgender Health and Trans Health Professionals). The invitation was also shared by organizations working with TNB people nationally (USA, Canada including French-speaking Québec, Australia, France, England, Italy and Switzerland). It is not possible to precisely estimate the population sample as some of the listservs do not publish the complete member lists and the membership numbers in Facebook groups may fluctuate. Participants were required to provide written informed consent before beginning the survey by choosing the "I consent to participate" option in the survey form. This choice directed the participants to the online survey.

The survey

The online survey comprised 21 questions, including five sub-questions with various types of measures (10 categorical, four ordinal, three scales, and nine open-ended questions). It was divided into three sections. The first section covered participant characteristics and their work environment (e.g. trans health experience, training). The second section explored general practice characteristics (e.g. intervention approaches, principles). The third section delved into participants' experiences with youth who discontinued their transition. The questionnaire included 10 categorical questions (e.g. disciplines, types of approaches), followed by four open-ended questions for clarification (e.g. practice, training type). Professionals' experiences with TNB youth and their observations of dropout were assessed using five ordinal questions. For instance, professionals indicated the number of youth under 25 they had worked with in the previous three years within the provided ranges (e.g. 1–10 youth, 11–25 youth, 26–50 youth, 51 or more youth). Professionals expressed their opinions on a Likert scale (strongly agree, agree, disagree, uncertain) by responding to a series of items. The survey also consisted of three sets of items:

1. The first set (18 items) measured professionals' attitudes, beliefs and practice values regarding gender and gender transition.
2. The second set (19 items) gauged their representations, opinions, values and personal beliefs regarding transition discontinuation.
3. The third set (36 items) utilized a multiple-choice format ("yes": describes the situation well; "a bit": describes the situation a little; "no": does not describe the situation; not applicable/I don't know). It asked professionals who encountered TNBY with a history of detransition to describe the most recent situation.

The questionnaire also included five open-ended questions (e.g. definition of discontinuation, characteristics of youth who have discontinued) to gain further insights into respondents' perspectives and experiences. The data collection tool was not a validated one. Section two, looking at representations, values and personal beliefs, was developed based on the literature available at the time (e.g. from trans-affirming practice principles, evidence available at the time, and so on).

Data analysis strategies

For statistical analysis, we used IBM SPSS Statistics 28 software. Descriptive statistics were employed to characterize the participants. To address the research questions, we grouped professionals based on their responses (no, yes or maybe) to question 13 about whether they had met or followed YDT in their practice. The "no" group included 22 professionals (36%) who reported that they had not met or followed YDT in their practice. The "yes" group consisted of 39 providers (64%): 34 professionals who reported having followed YDT (57%) and five who said they might have encountered YDT in their practice (7%). As the "maybe" group was too small to form a separate group, we decided to include it in the "yes" group as they had to answer the same series of questions (observation scales and clinical case descriptions). These questions were filtered and the "no" group did not respond to them. In addition, as our research wished to study the phenomenon of detransition in a broad way, and after analyzing qualitative responses, we concluded that the "maybe" group members had encountered cases of young people who were

close to this phenomenon but were unsure about labeling their situations "discontinuing a transition," whereas the "no" group was more certain that they had not encountered such cases.

Before conducting the analyses, the team verified that the variables met the statistical assumptions for parametric tests. Due to several variables not meeting the assumption of a normal distribution, a manual check for normality criteria regarding kurtosis and skewness (between −1 and 1) was performed. For the two groups (No and Yes), we ensured that each professional answered one item of data for each of the items in this study, and that it was found only once for each of them.

First, we used the procedure to obtain descriptive statistics for two study variables: practice principles for working with trans adolescents and assumptions about detransition. Each observation obtained on each of the items in these two variables ranged from 1 to 4 (strongly agree = 1, agree = 2, uncertain = 3 and disagree = 4). Some items have a variance between $s = 0.14$ and $s = 1.42$.

For the "assumptions about detransition" variable, 55 professionals responded to all 19 items and six professionals did not respond. The team decided to use nonparametric Mann-Whitney U tests for independent samples to compare them on each variable. Mann-Whitney U was used to test the two research questions in both groups ("yes/naybe" and "no"). The test was used to verify possible significant differences between the medians of the two groups. Tables of Mann-Whitney U tests included ranks and statistical analysis. We presented each variable under study with a significance level of $p = 0.05$.

Since some items show a difference between the rank averages of the groups, we proceeded to run frequency graphs in order to manually check the dispersion of the distributions and allow a better understanding of this difference between the two groups. This data is presented in Figures 1–7.

Qualitative analysis

A thematic analysis using MAXQDA software was carried out in order to find out professionals' perspectives on detransition (Planchat et al., 2024). In reviewing the qualitative data, no new

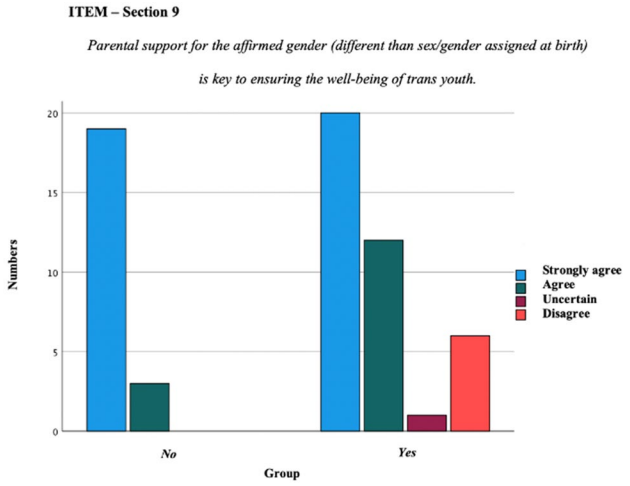

Figure 1. Professionals agreement regarding the importance of parental support.

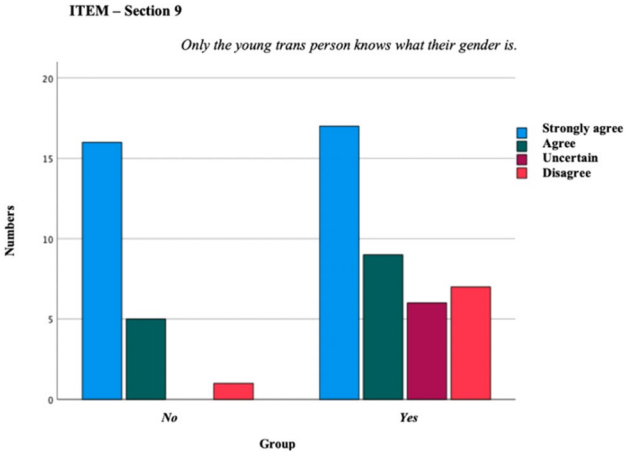

Figure 2. Professionals agreement regarding gender self-understanding.

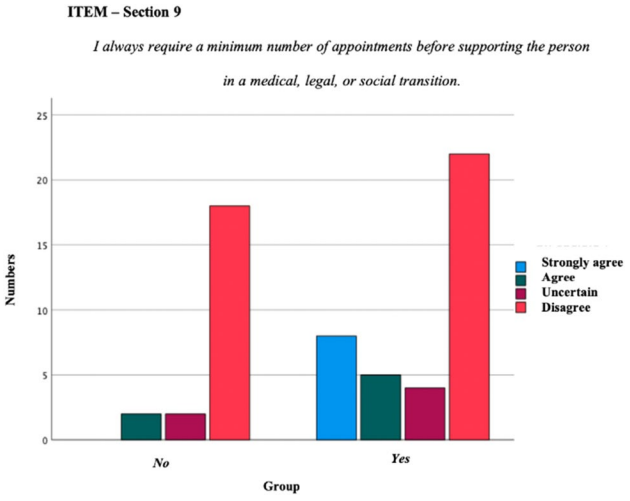

Figure 3. Professionals agreement regarding the number of appointments before supporting a transition.

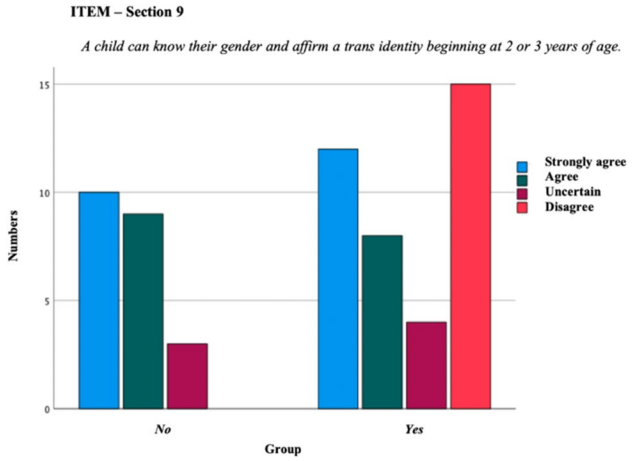

Figure 4. Professionals agreement regarding gender self-understanding and affirmation before the age of 2 or 3.

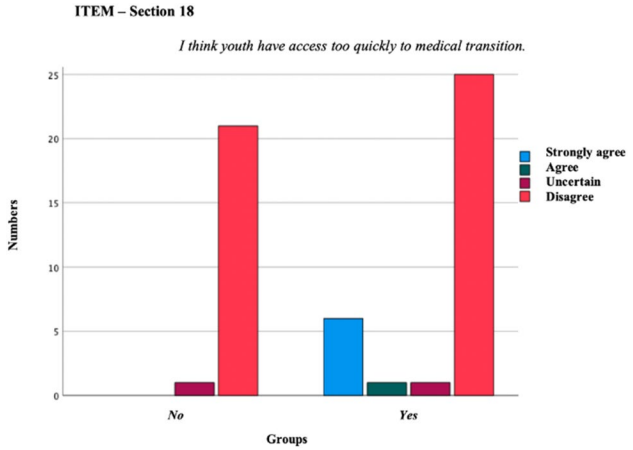

Figure 5. Professionals agreement regarding speed of access to medical transition.

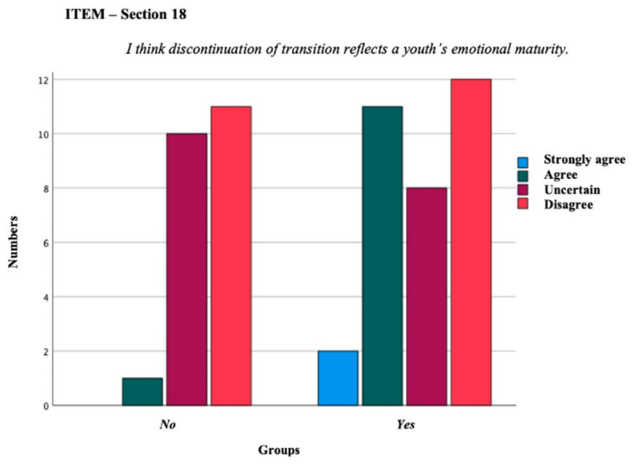

Figure 6. Professionals agreement regarding discontinuation as a sign of emotional maturity.

quantitative variables were found beyond those previously identified. Quotations from the

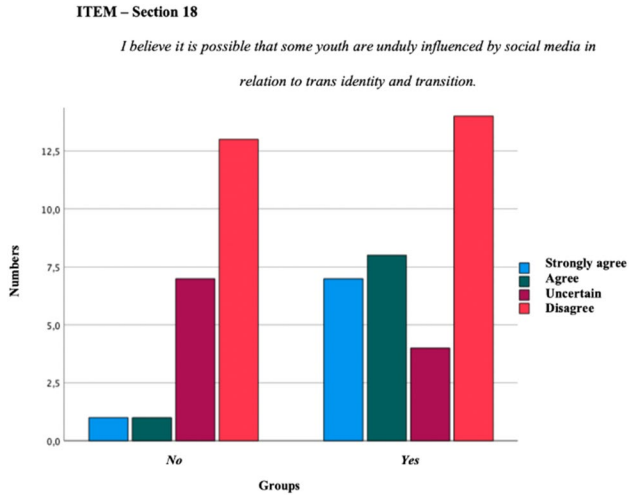

Figure 7. Professionals agreement regarding social media influence.

qualitative data are employed in the present paper to illustrate and enhance the understanding of the quantitative findings.

Sample and participants' characteristics

A total of 147 professionals participated, with 54 completing all survey questions and 61 completing more than 60%. Many did not answer the initial consent question or refused to participate. Participants had to provide some information to complete the survey; those who did not answer the question about their country of practice or did not report any experience of working with young TNB patients were excluded. Only participants who answered up to question 13 (on meeting YDT) were included. The final sample ($N = 61$) met these criteria, and 60 of these answered the qualitative questions.

Providers were located in North America (57%), Europe (39%) and the Oceania region (3%). They worked in diverse disciplines such as psychology (44%), medicine (25%), social work (11%) or other disciplines involving clinical intervention (20%). Most of them (74%) worked in services serving various client groups, including TNBY. They practiced in different sectors (public, private, community organization, school). All providers have worked with TNBY, and the vast majority of them (92%) have at least two or more years of experience with this population. Of the total, 44% have followed more than 51 TNBY,

18% between 26 and 50 TNBY, 26% between 11 and 25 TNBY and 12% between 1 and 10 TNBY.

Of the sample, 77% practiced a trans-affirmative approach, 7% used watchful waiting, 16% used other approaches, and none practiced a corrective approach. The multiple-choice question allowed participants to select "other" and specify their approach, including psychotherapeutic exploration, mixed approaches with watchful waiting, regular therapy, thorough evaluation of comorbid psychiatric conditions, or focus on youth needs to work with TNBY. Only one professional was unsure of their practice approach.

Providers were asked, "In your experience, have you followed young people who you consider to have discontinued their transition pathway?" with options to answer no, yes or maybe. Of the 61 providers, 39 (64%) said they had or maybe had YDT in their caseload (64%) and 22 (36%) did not.

Among the 39 providers who responded yes or maybe, 82% indicated they had followed between 1 and 5 YDT during their careers. The remaining 18% of professionals reported having followed six to 10 YDT (8%), 11 to 20 YDT (2%) and 21 or more YDT (8%). The majority of those who reported having met six or more YDT had worked with 51 or more TNBY over their careers. Qualitative analyses suggest that professionals have varied understandings of detransition, viewing it as a return to birth-assigned sex or gender, a halt to some or all aspects of the transition, or a pause in the transition process. Some, on the other hand, see it as continuity in these young peoples lives, citing gender fluidity, changes in self-understanding, and external challenges as factors (Planchat et al., 2024).

Results

Practice principles

All 61 participants responded to the 18 items regarding practice principles (see Table 1 for descriptive statistics). Following Mann-Whitney U tests, four of the 18 items exhibited significant differences in responses between the two provider groups.

The first item, "Parental support for affirmed gender (different from sex/gender assigned at birth) is key to ensure the well-being of trans youth," showed a significant difference (Mann-Whitney $U = 268$, $p = .004$). Providers who had YDT in their caseload tended to be more uncertain or in disagreement with this principle (mean rank 35.13) compared to those who did not (mean rank 23.68) (see Figure 1). Some professionals who agreed with this item also reported that lack of family support was a factor motivating detransition: "Parental opposition was just too painful" (P-132, trans-affirmative approach, "yes" group).

The second item, "Only the young trans person knows what their gender is," also exhibited a significant difference (Mann-Whitney $U = 279$, $p = .01$). Providers who had YDT in their caseload tended to be more uncertain or in disagreement with this practice principle (mean rank 34.85) compared to those who did not (mean rank 24.18) (see Figure 2). Professionals who disagreed with this statement tended to report cases where the YDT interpreted underlying issues as signs of being trans: "The young people who desist often come to feel they were 'led' into a trans identity by fixating and ruminating on transition as a solution to other issues in their lives. Once they were able to address those root issues, the trans identity no longer served them." (P70, other approach, "yes" group).

The third item, "I always require a minimum number of appointments before accompanying the person through a medical, legal or social transition," also showed a significant difference between the groups (Mann-Whitney $U = 303$, $p = .03$). Providers who had not met YDT had a higher mean rank (36.73) compared to those who had (27.77), indicating that the latter group had a higher probability of strongly agreeing with this practice principle (see Figure 3). A professional who fully agreed with this item explained that interventions with TNB youth should consist in "extended psychological assessment and intervention focused on associated difficulties first" (P39, watchful waiting approach, "yes" group).

The fourth item, "A child can know their gender and affirm a trans identity beginning at 2 or 3 years of age," also displayed a significant difference between the two groups (Mann-Whitney $U = 270$, $p = .01$), with a higher mean rank for providers who had met or followed YDT (35.8) compared to the

Table 1. Descriptive statistics, section 9: "We would like to better understand the principles that guide your practice with respect to trans youth."

Item		Gender identity is fluid and may fluctuate over time.	Before undergoing a medical transition, a person should be sure that their identity will not change in the future.	Hormone therapy should only be prescribed as a last resort.	Cessation of a medical transition indicates the youth was poorly supported.	An adolescent who identifies as nonbinary should not start gender-affirming hormone treatments.	A person who stops taking hormones has progressed in their self-understanding.	Parental behavior often leads the youth to identify as trans.	There are people who feel neutral, neither man nor woman.	Only trans adults should be able to consent to permanent gender affirming treatments.	In certain countries, it is possible for trans youth to transition legally, by changing their name or sex designation on their birth certificate/civil status, without having to undergo medical transition. I think this step is important.	A person who does not feel comfortable with their sex/gender assigned at birth should first undertake a social transition and live as their new gender (affirmed gender) before starting a medical transition.	Parental support for the affirmed gender (different than sex/gender assigned at birth) is key to ensuring the well-being of trans youth.	Certain youth think they are trans, while, in reality, they have instead been influenced by their peers, who think they are trans.	Only the young trans person knows what their gender is.	There are people who identify as a man and a woman at the same time.	I always require a minimum number of appointments before supporting the person in a medical, legal, or social transition.	A child can know their gender and affirm a trans identity beginning at 2 or 3 years of age.	I think that gender identities are always fluid and may fluctuate throughout one's life.
N[a]	Valid[b]	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61
	Missing[c]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean[d]		1.49	3.26	3.59	3.80	3.48	3.08	3.89	1.31	3.54	1.62	3.21	1.57	3.36	1.82	1.44	3.28	2.25	2.08
Standard error of the mean[e]		0.09	0.13	0.12	0.06	0.12	0.11	0.05	0.06	0.12	0.13	0.13	0.12	0.12	0.14	0.07	0.14	0.15	0.13
Median[f]		1.00	4.00	4.00	4.00	4.00	3.00	4.00	1.00	4.00	1.00	4.00	1.00	4.00	1.00	1.00	4.00	2.00	2.00
Mode[g]		1.00	4.00	4.00	4.00	4.00	3.00	4.00	1.00	4.00	1.00	4.00	1.00	4.00	1.00	1.00	4.00	1.00	2.00
Standard deviation[h]		0.72	1.03	0.96	0.48	0.94	0.86	0.37	0.47	0.96	1.02	0.99	0.94	0.95	1.07	0.53	1.11	1.19	1.00
Variance[i]		0.52	1.06	0.91	0.23	0.89	0.74	0.14	0.22	0.92	1.04	0.97	0.88	0.90	1.15	0.28	1.24	1.42	1.01
Range[j]		3	3	3	2	3	3	2	1	3	3	3	3	3	3	2	3	3	3
Minimum[k]		1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Maximum[k]		4	4	4	4	4	4	4	2	4	4	4	4	4	4	3	4	4	4

[a]N: The number corresponding to our independent variable "'no' and 'yes' groups.
[b]N Valid: The number of observations for each item.
[c]N Missing: The number of missing observations for each item.
[d]Mean: The mean value for each item.
[e]Standard error of the mean: The standard error for each item.item This is the standard deviation/sqrt (n).
[f]Median: The median value for each item
[g]Modes: The value with the highest number for each item.
[h]Standard deviation: The standard deviation for each item.
[i]Variance: The squared distance between an observation's value and the sample mean for each item.
[j]Range: Distance between the minimum and maximum value of the distribution for each item.
[k]Minimum, Maximum: The minimum and maximum value for each item.

group who had not (23.77). Providers with YDT in their caseload tended to disagree more with this practice principle, despite similar frequency distributions in both groups (as observed in Figure 4). When asked about their understanding of detransition, a professional who disagreed with this item said, "Some kids really believe they are trans then later on really believe that they are not" (P35, other approach, "yes" group). For the remaining 14 items in this variable, no significant differences in mean ranks were observed between the two groups of providers (see Table 2).

In the variable "ideas and assumptions about detransition," comprising 19 items (see Table 3 for descriptive statistics), the Mann-Whitney U tests revealed significant differences in three out of 19 items between the two groups ("no," and "yes").

The first item, "I think youth have access to medical transition too quickly," had a higher mean rank (Mann-Whitney $U = 288$, $p = .045$) for the group who had not met or followed YDT (31.41) than the group who had (25.73). This indicates that more providers who had met or followed YDT strongly agreed or agreed more with this statement compared to the group of professionals who had not met or followed YDT (see Figure 5). Several professionals who strongly agreed with this item supported the idea of conducting a thorough assessment before undertaking a medical transition. For example, "Careful and intensive psychological exploration to help the young person understand themselves better and to understand why they feel such discomfort with their bodies and themselves" (P46, other approach, "yes" group).

The second item, "I think discontinuation of transition reflects a youth's emotional maturity," also showed a significant difference between the two groups (Mann-Whitney $U = 251.50$, $p = .041$), with a higher mean rank for the group of providers who had not met or followed YDT (33.07) than for those who had (24.62). This means that more professionals who had met or followed YDT strongly agreed or agreed with this statement compared to the "no" group (see Figure 6). A professional who agreed with the item mentioned "maturation" as a characteristic of YDT: "Maturation, long-term planning, becoming more concerned about medical risk, and a curiosity about their identity and its relationship to other aspects of their lives." (P70, other approach, "yes" group).

Regarding the third item, 'I believe it is possible that some youth are unduly influenced by social media in relation to trans identity and transition" (Mann-Whitney $U = 254.50$, $p = .045$), the group of providers who had not met or followed YDT had a higher mean rank (32.93) compared to those who had (24.71). This suggests that more practitioners who had met or followed TNB youth who had detransitioned strongly agreed with this statement compared to the group who had not met or followed YDT (see Figure 7). Sixteen out of 19 items did not differ significantly between the two groups under study (see Table 4). A professional who fully agreed with the item talked about these influences in the cases of detransition they had encountered: "Typically [they are a] natal female who was influenced by [their] peer group and [the] internet, who may be on the autistic spectrum and could not relate to the female gender role, and who was uncomfortable in [the] male role" (P128, other approach, "yes" group).

Discussion

This article aims to assess variances in professional practice principles and assumptions about transition and detransition between providers with YDT in their caseload and those without. Non-parametric tests revealed subtle yet significant disparities. Professionals who had or suspected having YDT among their caseload differed in their principles and beliefs about detransition and transition compared to those who had not.

Notably, more providers who had never encountered YDT identified parental support as crucial for the well-being of trans youth. Although the difference between the groups is modest, it is noteworthy, given that research consistently demonstrates the positive impact of strong parental support on the well-being, life satisfaction (Alanko & Lund, 2020; McConnell et al., 2016; Pullen Sansfacon et al., 2020) and psychosocial adjustment (Pariseau et al., 2019) of TNBY, as well as the reduced suicidality among supported

Table 2. Comparative statistics, section 9: "We would like to better understand the principles that guide your practice with respect to trans youth."

				Mann-Whitney statisticsa		
Item	Group	N	Mean rank	U of Mann-Whitneyb	Z scorec	p valued
Gender identity is fluid and may fluctuate over time.	**No**	22	29.86			
	Yes	39	31.64	404.00	−0.44	0.66
	Total	61				
Before undergoing a medical transition, a person should be sure that their identity will not change in the future.	**No**	22	32.52			
	Yes	39	30.14	395.50	−0.58	0.56
	Total	61				
Hormone therapy should only be prescribed as a last resort.	**No**	22	32.77			
	Yes	39	30.00	390.00	−0.87	0.38
	Total	61				
Cessation of a medical transition indicates the youth was poorly supported.	**No**	22	27.50			
	Yes	39	32.97	352.00	−1.80	0.07
	Total	61				
An adolescent who identifies as nonbinary should not start gender-affirming hormone treatments.	**No**	22	33.52			
	Yes	39	29.58	373.50	−1.06	0.29
	Total	61				
A person who stops taking hormones has progressed in their self-understanding.	**No**	22	33.34			
	Yes	39	29.68	377.50	−0.83	0.41
	Total	61				
Parental behavior often leads the youth to identify as trans.	**No**	22	32.64			
	Yes	39	30.08	393.00	−1.05	0.29
	Total	61				
There are people who feel neutral, neither man nor woman.	**No**	22	27.05			
	Yes	39	33.23	342.00	−1.63	0.10
	Total	61				
Only trans adults should be able to consent to permanent gender affirming treatment.	**No**	22	33.84			
	Yes	39	29.40	366.50	−1.31	0.19
	Total	61				
In certain countries, it is possible for trans youth to transition legally, by changing their name or sex designation on their birth certificate/ civil status, without having to undergo medical transition. I think this step is important.	**No**	22	26.61			
	Yes	39	33.47	332.50	−1.72	0.09
	Total	61				
A person who does not feel comfortable with their sex/gender assigned at birth should first undertake a social transition and live as their new gender (affirmed gender) before starting a medical transition.	**No**	22	31.80			
	Yes	39	30.55	411.50	−0.29	0.77
	Total	61				
Parental support for the affirmed gender (different than sex/gender assigned at birth) is key to ensuring the well-being of trans youth.	**No**	22	23.68			
	Yes	39	35.13	268.00	−2.84	0.004
	Total	61				
Certain youth think they are trans, while, in reality, they have instead been influenced by their peers, who think they are trans.	**No**	22	34.27			
	Yes	39	29.15	357.00	−1.25	0.21
	Total	61				
Only the young trans person knows what their gender is.	**No**	22	24.18			
	Yes	39	34.85	279.00	−2.48	0.01
	Total	61				
There are people who identify as a man and a woman at the same time.	**No**	22	28.91			
	Yes	39	32.18	383.00	−0.80	0.42
	Total	61				
I always require a minimum number of appointments before supporting the person in a medical, legal, or social transition.	**No**	22	36.73			
	Yes	39	27.77	303.00	−2.24	0.03
	Total	61				
A child can know their gender and affirm a trans identity beginning at 2 or 3 years of age.	**No**	22	23.77			
	Yes	39	35.08	270.00	−2.50	0.01
	Total	61				
I think that gender identities are always fluid and may fluctuate throughout one's life.	**No**	22	29.77			
	Yes	39	31.69	402.00	−0.43	0.67
	Total	61				

[a]Grouping variable: "no" and "yes" group.
[b]The comparison value U according to the "no" group for each item.
[c]The value of the observations minus the mean/sqrt (n) for each item.
[d]The threshold value of significance of the test according to each item. The threshold determined for this test is $p = 0.05$.

TNBY (Bauer et al., 2015; Jin et al., 2020; Wilson et al., 2016). The importance of parental support is reinforced by the Standards of Care, version 7 (Coleman et al., 2012), from WPATH. Given that this literature was available at the time of the survey, we would have expected no significant difference between both groups.

Results also indicate that more professionals with YDT cases tend to strongly agree or agree with requiring a minimum number of sessions

Table 3. Descriptive statistics, section 18:" the next section deals with certain ideas that exist about the discontinuation of transition."

Item		I fear that a youth with whom I work discontinues their transitions.	I think youth have access too quickly to medical transition.	I think some youth discontinue their transition because they question themselves about their sexual orientation.	All I can do is accompany a youth in their experience.	I feel my profession is sometimes publicly called into question with respect to interventions offered to trans youth, which are seen as too permissive.	I think discontinuation of transition reflects a youth's emotional maturity.	I think it is possible to identify a young person who will not follow through with transition later on.	I have the impression the subject of discontinuation of transition is taboo.	I think discontinuation of transition reflects a mistake in the process.	I feel sufficiently trained to deal with complex situations, such as a possible discontinuation of transition.	I believe it is possible that some youth are unduly influenced by social media in relation to trans identity and transition.	I think it's normal that some youth decide to discontinue their transition.	I feel pressure in my work environment to evaluate more closely the youth who come to consult with me since we started hearing about discontinuation of transition in the media.	I fear potential regret felt by youth who undertake transition.	I consider a person to have desisted when they stop their medical treatment.	Discontinuation of medical transition indicates the youth was probably poorly supported during their transition, in one or several aspects of their life (family, school, peers, health care professionals, etc.).	Discontinuation of medical transition indicates the gender identity could be fluid.	Discontinuation of medical transition indicates psychological confusion on the part of the youth.
N[a]	Valid[b]	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55
	Missing[c]	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Mean[d]		3.62	3.60	3.29	1.93	2.04	3.13	3.42	2.49	3.73	1.96	3.04	1.80	3.29	2.93	3.51	3.38	2.22	3.51	
Standard error of the mean[e]		0.10	0.13	0.14	0.15	0.15	0.12	0.12	0.16	0.08	0.14	0.15	0.10	0.14	0.14	0.10	0.11	0.13	0.10	
Median[f]		4.00	4.00	4.00	2.00	2.00	3.00	4.00	2.00	4.00	2.00	3.00	2.00	4.00	3.00	4.00	4.00	2.00	4.00	
Mode[g]		4	4	4	1	1	4	4	4	4	1	4	2	4	4	4	4	2	4	
Standard deviation[h]		0.73	0.97	1.07	1.10	1.09	0.88	0.92	1.20	0.56	1.04	1.12	0.76	1.03	1.07	0.77	0.83	0.94	0.72	
Variance[i]		0.54	0.95	1.14	1.22	1.18	0.78	0.84	1.44	0.31	1.07	1.26	0.57	1.06	1.14	0.59	0.68	0.88	0.51	
Range[j]		2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	2	3	2	
Minimum[k]		2	1	1	1	1	1	1	1	2	1	1	1	1	1	1	2	1	2	
Maximum[k]		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	

[a]N: The number corresponding to our independent variable "'no' and 'yes' group."

[b]N Valid: The number of observations for each item.

[c]N Missing: The number of missing observations for each item.

[d]Mean: The mean value for each item.

[e]Standard error of the mean: The standard error for each item. This is the standard deviation/sqrt (n).

[f]Median: The median value for each item.

[g]Mode: The value with the highest number for each item.

[h]Standard deviation: The standard deviation for each item.

[i]Variance: The squared distance between an observation's value and the sample mean for each item.

[j]Range: Distance between the minimum and maximum value of the distribution for each item.

[k]Minimum, Maximum: The minimum and maximum value for each item.

Table 4. Comparative statistics, section 18: "the next section deals with certain ideas that exist about the discontinuation of transition."

				Mann-Whitney statistics[a]		
Item	Group	N	Mean rank	U of Mann-Whitney[b]	Z score[c]	p value[d]
I fear that a youth with whom I work discontinues their transitions.	No	22	28.57			
	Yes	33	27.62	350,50	−0,29	0.77
	Total	55				
I think youth have access too quickly to medical transition.	No	22	31.41			
	Yes	33	25.73	288.00	−2.00	0.045
	Total	55				
I think some youth discontinue their transition because they question themselves about their sexual orientation.	No	22	31.95			
	Yes	33	25.36	276.00	−1.74	0.08
	Total	55				
All I can do is accompany a youth in their experience.	No	22	25.57			
	Yes	33	29.62	309.50	−0.99	0.32
	Total	55				
I feel my profession is sometimes publicly called into question with respect to interventions offered to trans youth, which are seen as too permissive.	No	22	29.11			
	Yes	33	27.26	338.50	−0.45	0.65
	Total	55				
I think discontinuation of transition reflects a youth's emotional maturity.	No	22	33.07			
	Yes	33	24.62	251.50	−2.04	0.041
	Total	55				
I think I must accompany a youth who affirms a trans or nonbinary identity, even if it's possible the youth may discontinue their transition later on.	No	22	24.59			
	Yes	33	30.27	288.00	−1.45	0.15
	Total	55				
I think it is possible to identify a young person who will not follow through with transition later on.	No	22	27.82			
	Yes	33	28.12	359.00	−0.08	0.94
	Total	55				
I have the impression the subject of discontinuation of transition is taboo.	No	22	28.30			
	Yes	33	27.80	356.50	−0.12	0.91
	Total	55				
I think discontinuation of transition reflects a mistake in the process.	No	22	28.09			
	Yes	33	27.94	361.00	−0.05	0.96
	Total	55				
I feel sufficiently trained to deal with complex situations, such as a possible discontinuation of transition.	No	22	30.80			
	Yes	33	26.14	301.50	−1.13	0.26
	Total	55				
I believe it is possible that some youth are unduly influenced by social media in relation to trans identity and transition.	No	22	32.93			
	Yes	33	24.71	254.50	−2.00	0.045
	Total	55				
I think it's normal that some youth decide to discontinue their transition.	No	22	30.95			
	Yes	33	26.03	298.00	1.23	0.22
	Total	55				
I feel pressure in my work environment to evaluate more closely the youth who come to consult with me since we started hearing about discontinuation of transition in the media.	No	22	28.57			
	Yes	33	27.62	350.50	−0.25	.80
	Total	55				
I fear potential regret felt by youth who undertake transition.	No	22	32.55			
	Yes	33	24.97	263.00	−1.83	0.07
	Total	55				
I consider a person to have desisted when they stop their medical treatment.	No	22	27.55			
	Yes	33	28.30	353.00	−0.20	0.84
	Total	55				
Discontinuation of medical transition indicates the youth was probably poorly supported during their transition, in one or several aspects of their life (family, school, peers, health care professionals, etc.).	No	22	23.77			
	Yes	33	30.82	270.00	−1.82	0.07
	Total	55				
Discontinuation of medical transition indicates the gender identity could be fluid.	No	22	25.95			
	Yes	33	29.36	318.00	−0.83	0.41
	Total	55				
Discontinuation of medical transition indicates psychological confusion on the part of the youth.	No	22	31.00			
	Yes	33	26.00	297.00	−1.33	0.18
	Total	55				

[a]Grouping variable: "no" and "yes" group.
[b]The comparison value U according to the "no" group for each item.
[c]The value of the observations minus the mean/sqrt (n) for each item.
[d]The threshold value of significance of the test according to each item. The threshold determined for this test is $p = 0.05$.

before supporting any form of transition, which represents a contrast with the guidelines available at the time (Coleman et al., 2012) which emphasized assessment, but also flexibility, harm reduction and informed consent. This suggests that providers with YDT cases interpret practice principles more cautiously, a standpoint warranting further exploration. Current research shows that

discontinuation can occur even after a rigorous pre-transition assessment (Expósito-Campos et al., 2023; Gelly et al., 2024). This result could be influenced by the relatively small number of practitioners in the study and a potential recruitment bias.

The results indicate differences between provider groups with regard to the age at which they believe TNB youth can understand and self-determine their gender. Providers who had encountered YDT appeared less supportive of these principles compared to the other group. Variations also emerged in views on detransition: those who had encountered YDT were more likely to strongly believe that youth access medical transitions too quickly, despite research showing that long wait times are typical for access to gender-affirming care. For example, in Canada, wait times average several months to a few years (Pullen Sansfacon et al., 2019), a trend also noted in the US (Dahlgren Allen et al., 2021) and amplified with the COVID-19 pandemic (van der Miesen et al., 2020). This perception, however, aligns with media coverage of detransition (Millette et al., 2024; Slothouber, 2020).

Providers who encountered YDT were also more likely to think that when a young person discontinues their transition, that choice reflects their emotional maturity. While specific research on detransition's emotional aspects was scarce at the time of the survey, literature and media debates on desistance and persistence were prominent (Temple Newhook et al., 2018). Some research suggests the notion of gender fluidity, noting that some youth who desist may grow more comfortable with their assigned gender over time (Steensma & Cohen-Kettenis, 2015), which some professionals may interpret as maturity. In contrast, the media often portray YDT as having been misdiagnosed by professionals, attributing detransition to confusion between mental health or body dysmorphia with gender dysphoria (Millette et al., 2024; Slothouber, 2020). However, research shows that transition discontinuation can be temporary (Turban et al., 2021) or part of a process of gender exploration (Pullen Sansfaçon et al., 2024), challenging the idea that YDT have matured or "grown out" of transness.

Providers encountering youth detransition cases were more likely to believe that some youth are unduly influenced by social media regarding transgender identity and transition. This belief echoes Littman's (2018) study on parents' perceptions and her controversial ROGD hypothesis, which was extensively covered in the media even after the retraction and republishing of the article, and despite the critiques of it (Ashley, 2020; Restar, 2020; WPATH., 2018). The concept of social contagion, rooted in the outdated direct effects paradigm in media and communication studies, was originally developed during the World Wars to analyze propaganda strategies; it suggests that media possess the ability to directly and profoundly impact individuals by "injecting" ideas and beliefs into their audience (McDonald, 2004; Smith et al., 1946). Later, empirical mixed and qualitative methods to investigate media effects *in situ* has made it possible to refute this perspective and formed the basid of the limited-effect paradigm, still dominant today in media and social media research (Katz, 1987; McDonald, 2004). Central to this paradigm is the evidence-backed understanding that media have the capacity to bring attention to certain topics but not to dictate what the audience thinks or feels in relation to these topics. Studies have also shown that personal influence among socially bonded individuals is a major aspect of media influence (Katz et al., 2017). Thus, media cannot influence what we think but has an effect on what we think *about*, and this effect is mitigated by opinion leaders among close peers, which is exactly the function of social media. Nevertheless, the notion of ROGD continued to circulate in mainstream media, and this impacted professionals working with trans youth and influenced decisions on transgender rights policies (Indremo et al., 2022; Sissons, 2022).

Who is contaminating whom?

The results of our study suggest that the principles and assumptions held by providers in transgender health vary according to whether or not they have met YDT. While we cannot establish a causal link, these results raise questions about the possible impacts of meeting YDT on providers' beliefs, or, conversely, the possible impacts of care

providers' beliefs on their practice with TNB youth and YDT and on their likeliness of reporting having met YDT. We also question why the beliefs of providers who have met YDT are more reflective of the media coverage of detransition than of the scientific evidence. These findings could have significant implications for practice. Notably, 82% of those who had followed YDT reported having worked with only one to five cases, which is a limited exposure to this group. In contrast, the broader sample demonstrated extensive experience in transgender healthcare, with over 60% having worked with more than 26 youth throughout their careers.

Considering that media cannot change a person's mind on a topic but can instead bring attention to it, we therefore question whether professionals who had encountered YDT, even only a few, may have paid more attention to negative media coverage about detransition (Indremo et al., 2022) and then developed a form of confirmation bias on the ideas they already held about detransition.

Confirmation bias is defined as a favoring of data that support an initial diagnosis while disrearding contradictory evidences (Elston, 2020). This extends to media and social media consumption, where individuals gravitate toward content that aligns with their personnal beliefs (Ling, 2020). Youth followed by providers who have met YDT could be negatively impacted because confirmation bias is known to induce misdiagnoses among patients (Doherty & Carroll, 2020). Doherty and Carroll (2020) suggest that providers must develop self-awarness of their cognitive process to mitigate biases influencing their practice (Doherty & Carroll, 2020).

Indremo et al. (2022) advocate for nuanced and accurate media coverage of the realities of trans youth and detrans youth and emphasize the importance of practitioners understanding how media consumption can influence their practice. To mitigate this influence, providers should regularly update their knowledge with up-to-date scientific literature, and should self-challenge and stay open to contradictory evidence (Indremo et al., 2022). Engaging in this practice is likely to be beneficial to practitioners who intervene with both TNBY and YDT.

Limits

Though widely distributed, the relatively small sample size limits result interpretation. The absence of a separate "maybe" category may impact the findings related to the "yes" group. The predominance of trans-affirmative practitioners in the sample makes it impossible to investigate the impact of practice approaches on adherence to principles and assumptions. Consequently, causal links between providers' beliefs and their exposure to YDT cannot be established. Further research is needed to understand this correlation.

It is difficult to determine whether the number of youth the professionals had encountered or the professionals' years of experience are precursors to encountering youth who discontinue, rather than influencing their principles and perceptions. The survey's non-standardized nature and larger "yes/maybe" group than "no" group require cautious interpretation. Nonetheless, these observed differences underline the need for further research to gather additional evidence on the discontinuation of transition. It is worth noting that this research was conducted when limited studies on detransition existed, and since then, knowledge has advanced, necessitating further investigation of relevant aspects.

Since the survey was available until January 2021, before newer evidence on detransition was published, the results cannot take this new evidence into consideration because it would have been unknown to participants. Future research should attempt to replicate this study and determine the impact of updated evidence.

Additionally, the survey design did not allow us to differentiate the types of YDT participants had encountered (e.g. identity shift without regret vs strong regrets), which could potentially have influenced providers' beliefs and ideas about practice. Therefore, the results must be interpreted with caution. As the phenomenon becomes better understood, future research will have to propose more precise definitions and delimitations.

Implication for practice

In the current scientific literature, much of the debate focuses on providers' approaches and practices (notabily the trans-affirmative ones), which

are thought to impact the likelihood of detransitionning. Our study does not allow us to draw such a correlation, but rather notes a correlation between providers' beliefs and exposure to YDT which needs to be explored further. The creation of a section on discontinuation in the WPATH's SOC, which reviews and summarizes best evidence for trans health care, would be helpful for providers who accompany young TNB (Danker et al., 2018; Karrington, 2022) and wish to ensure that their practice is in line with most recent evidence. We also encourage WPATH to offer more knowledge on gender fluidity and the continuum of diverse and complex experiences that lie between transition, detransition and discontinuation. MacKinnon et al. (2021) argue that professionals need training and awareness of this phenomenon, as they appear to be more judgmental and are not competent to support detransition or the discontinuation of treatment (MacKinnon et al., 2022).

Trans-care providers face ethical and moral conflicts in which they feel trapped between their role as protectors and their desire to promote clients' autonomy (Gerritse et al., 2018). The "bad stories" surrounding media discourses on detransition may reinforce their fear and sense of responsibility, especially when working with youth (MacKinnon et al., 2021). It is essential, in this current social climate, that providers have access to the most up-to-date evidence. Researchers can play an important role in this by making research results more accessible, not only to the scientific community but also to the media, which has the power to bring nuance to the discourse around detransition, and to front-line practitioners who are navigating these complex gender journeys alongside gender-diverse youth.

Ethical approval and informed consent

All procedures performed in studies involving human participants were in accordance with the ethical standards of the ethical research board of the PI's institution and co-researchers' institution. The ethical certificate number is CERSC-2020-076-P(1). Informed consent was obtained from all individual participants included in the study.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research is funded by the SSHRC Insight Grant under Grant number 435-2020-0632.

ORCID

Annie Pullen Sansfaçon http://orcid.org/0000-0003-2286-8997
Mélanie Millette http://orcid.org/0000-0001-9285-2670
Tommly Planchat http://orcid.org/0009-0003-1811-2203
Morgane A. Gelly http://orcid.org/0009-0008-5079-1775
Denise Médico http://orcid.org/0000-0003-1086-8076

References

Achille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, A., & Wilson, T. A. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths : Preliminary results. *International Journal of Pediatric Endocrinology*, *2020*(1), 8. https://doi.org/10.1186/s13633-020-00078-2

Alanko, K., & Lund, H. (2020). Transgender youth and social support : A survey study on the effects of good relationships on well-being and mental health. *YOUNG*, *28*(2), 199–216. https://doi.org/10.1177/1103308819850039

Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, *7*(3), 302–311. https://doi.org/10.1037/cpp0000288

Ashley, F. (2020). A critical commentary on 'rapid-onset gender dysphoria'. *The Sociological Review*, *68*(4), 779–799. https://doi.org/10.1177/0038026120934693

Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons : A respondent driven sampling study in Ontario, Canada. *BMC Public Health*, *15*(1), 525. https://doi.org/10.1186/s12889-015-1867-2

Butler, C., & Hutchinson, A. (2020). Debate : The pressing need for research and services for gender desisters/detransitioners. *Child and Adolescent Mental Health*, *25*(1), 45–47. https://doi.org/10.1111/camh.12361

Carmichael, P., Butler, G., Masic, U., Cole, T. J., Stavola, B. L. D., Davidson, S., Skageberg, E. M., Khadr, S., & Viner, R. M. (2021). Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PloS One*, *16*(2), e0243894. https://doi.org/10.1371/journal.pone.0243894

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H., … Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International*

Journal of Transgenderism, *13*(4), 165–232. https://doi.org/10.1080/15532739.2011.700873

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., … Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, *23*(Suppl 1), S1–S259. https://doi.org/10.1080/26895269.2022.2100644

Cutillas-Fernández, M. A., Jiménez-Barbero, J. A., Herrera-Giménez, M., Forcén-Muñoz, L. A., & Jiménez-Ruiz, I. (2023). Attitudes and beliefs of mental health professionals towards trans people : A systematic review of the literature. *International Journal of Environmental Research and Public Health*, *20*(15), 6495. https://doi.org/10.3390/ijerph20156495

Dahlgren Allen, S., Tollit, M. A., McDougall, R., Eade, D., Hoq, M., & Pang, K. C. (2021). A waitlist intervention for transgender young people and psychosocial outcomes. *Pediatrics*, *148*(2), e2020042762. https://doi.org/10.1542/peds.2020-042762

Danker, S., Narayan, S. K., Bluebond-Langner, R., Schechter, L. S., & Berli, J. U. (2018). Abstract : A survey study of surgeons' experience with regret and/or reversal of gender-confirmation surgeries. *Plastic and Reconstructive Surgery – Global Open*, *6*(9S), 189 https://doi.org/10.1097/01.GOX.0000547077.23299.00

de Vries, A. L. C., Steensma, T. D., Doreleijers, T. A. H., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder : A prospective follow-up study. *The Journal of Sexual Medicine*, *8*(8), 2276–2283. https://doi.org/10.1111/j.1743-6109.2010.01943.x

Dodsworth, L. (2024). The Detransitioners : What Happens When Trans Men Want to be Women Again? juin 20. https://www.thetimes.com/uk/society/article/the-detransitioners-what-happens-when-trans-men-want-to-be-women-again-fd22b7jhs

Doherty, T. S., & Carroll, A. E. (2020). Believing in overcoming cognitive biases. *AMA Journal of Ethics*, *22*(9), E773–E778. https://doi.org/10.1001/amajethics.2020.773

DuBois, L. Z., & Juster, R.-P. (2022). Lived experience and allostatic load among transmasculine people living in the United States. *Psychoneuroendocrinology*, *143*, 105849. https://doi.org/10.1016/j.psyneuen.2022.105849

Dyer, J., Manning, K., Temple Newhook, J., Khosa, S., Salas, A., Davis, J., James, J., Pickett, S., & Pullen Sansfacon, A. (2023). Media discourse in Canada on trans youth and parent advocacy. *Feminist Media Studies*, *0*(0), 1–17. https://doi.org/10.1080/14680777.2023.2279927

Elston, D. M. (2020). Confirmation bias in medical decision-making. *Journal of the American Academy of Dermatology*, *82*(3), 572. https://doi.org/10.1016/j.jaad.2019.06.1286

EPATH (2024). *EPATH response on cass statement*. mai 21. https://epath.eu/wp-content/uploads/2024/05/EPATH-Response-on-Cass-statement_Final_21-05-2024.pdf

Expósito-Campos, P., Salaberria, K., Pérez Fernández, J., & Gómez-Gil, E. (2023). Gender detransition : A critical review of the literature. *Actas Espanolas De Psiquiatria*, *51*(3), 98–118.

Farley, L., & Kennedy, R. (2020). Transgender embodiment as an appeal to thought : A psychoanalytic critique of "rapid onset gender dysphoria". *Studies in Gender and Sexuality*, *21*(3), 155–172. https://doi.org/10.1080/15240657.2020.1798184

Featherston, R., Downie, L. E., Vogel, A. P., & Galvin, K. L. (2020). Decision making biases in the allied health professions : A systematic scoping review. *PloS One*, *15*(10), e0240716. https://doi.org/10.1371/journal.pone.0240716

Gelly, M. A., Atgé-Delbays, S., Gravel, É., & Sansfaçon, A. P. (2024). Gender-related medical experiences of youth who have detranstioned. *Journal of Homosexuality*, Advance online publication,1–23. https://doi.org/10.1080/00918369.2024.2362268

Gerritse, K., Hartman, L., Antonides, M. F., Wensing-Kruger, A., de Vries, A. L. C., & Molewijk, B. C. (2018). Moral challenges in transgender care : A thematic analysis based on a focused ethnography. *Archives of Sexual Behavior*, *47*(8), 2319–2333. https://doi.org/10.1007/s10508-018-1287-3

Glintborg, D., Møller, J.-J. K., Rubin, K. H., Lidegaard, Ø., T'Sjoen, G., Larsen, M.-L. J. Ø., Hilden, M., & Andersen, M. S. (2023). Gender-affirming treatment and mental health diagnoses in Danish transgender persons : A nationwide register-based cohort study. *European Journal of Endocrinology*, *189*(3), 336–345. https://doi.org/10.1093/ejendo/lvad119

Hisle-Gorman, E., Schvey, N. A., Adirim, T. A., Rayne, A. K., Susi, A., Roberts, T. A., & Klein, D. A. (2021). Mental healthcare utilization of transgender youth before and after affirming treatment. *The Journal of Sexual Medicine*, *18*(8), 1444–1454. https://doi.org/10.1016/j.jsxm.2021.05.014

Indremo, M., Jodensvi, A. C., Arinell, H., Isaksson, J., & Papadopoulos, F. C. (2022). Association of media coverage on transgender health with referrals to child and adolescent gender identity clinics in Sweden. *JAMA Network Open*, *5*(2), e2146531. https://doi.org/10.1001/jamanetworkopen.2021.46531

Jin, H., Restar, A., Goedel, W. C., Ogunbajo, A., Biello, K., Operario, D., Kuhns, L., Reisner, S. L., Garofalo, R., & Mimiaga, M. J. (2020). Maternal support is protective against suicidal ideation among a diverse cohort of young transgender women. *LGBT Health*, *7*(7), 349–357. https://doi.org/10.1089/lgbt.2020.0219

Kanamori, Y., Cornelius-White, J. H. D., Pegors, T. K., Daniel, T., & Hulgus, J. (2017). Development and validation of the transgender attitudes and beliefs scale. *Archives of Sexual Behavior*, *46*(5), 1503–1515. https://doi.org/10.1007/s10508-016-0840-1

Karrington, B. (2022). Defining desistance : Exploring desistance in transgender and gender expansive youth through systematic literature review. *Transgender Health*, *7*(3), 189-212. https://doi.org/10.1089/trgh.2020.0129

Katz, E. (1987). Communications research since lazarsfeld. *Public Opinion Quarterly*, *51*(4 PART 2), S25–S45. https://doi.org/10.1093/poq/51.4_PART_2.S25

Katz, E., Lazarsfeld, P. F., & Roper, E. (2017). *Personal influence : The part played by people in the flow of mass communications* (1st ed.). Routledge.

Lee, M. K., Yih, Y., Willis, D. R., Fogel, J. M., & Fortenberry, J. D. (2024). The impact of gender affirming medical care during adolescence on adult health outcomes among transgender and gender diverse individuals in the united states : The role of state-level policy stigma. *LGBT Health*, *11*(2), 111–121. https://doi.org/10.1089/lgbt.2022.0334

Levine, S. B. (2018). Transitioning back to maleness. *Archives of Sexual Behavior*, *47*(4), 1295–1300. https://doi.org/10.1007/s10508-017-1136-9

Ling, R. (2020). Confirmation bias in the era of mobile news consumption : The social and psychological dimensions. *Digital Journalism*, *8*(5), 596–604. https://doi.org/10.1080/21670811.2020.1766987

Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PloS One*, *13*(8), e0202330. https://doi.org/10.1371/journal.pone.0202330

Littman, L. (2021). Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned : A survey of 100 detransitioners. *Archives of Sexual Behavior*, *50*(8), 3353–3369. https://doi.org/10.1007/s10508-021-02163-w

MacKinnon, K. R., Ashley, F., Kia, H., Lam, J. S. H., Krakowsky, Y., & Ross, L. E. (2021). Preventing transition "regret" : An institutional ethnography of gender-affirming medical care assessment practices in Canada. *Social Science & Medicine (1982)*, *291*, 114477. https://doi.org/10.1016/j.socscimed.2021.114477

MacKinnon, K. R., Gould, W. A., Enxuga, G., Kia, H., Abramovich, A., Lam, J. S. H., & Ross, L. E. (2023). Exploring the gender care experiences and perspectives of individuals who discontinued their transition or detransitioned in Canada. *PLoS One*, *18*(11), e0293868. https://doi.org/10.1371/journal.pone.0293868

MacKinnon, K. R., Kia, H., Salway, T., Ashley, F., Lacombe-Duncan, A., Abramovich, A., Enxuga, G., & Ross, L. E. (2022). Health care experiences of patients discontinuing or reversing prior gender-affirming treatments. *JAMA Network Open*, *5*(7), e2224717. https://doi.org/10.1001/jamanetworkopen.2022.24717

Marchiano, L. (2017). Outbreak : On transgender teens and psychic epidemics. *Psychological Perspectives*, *60*(3), 345–366. https://doi.org/10.1080/00332925.2017.1350804

McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter : Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *59*(6), 674–680. https://doi.org/10.1016/j.jadohealth.2016.07.026

McDonald, D. G. (2004). *Twentieth-Century Media Effects Research*. In J. D. H. Downing, D. McQuail, P. Schlesinger, & E. Wartella (Eds.), *The SAGE Handbook of Media Studies* (pp. 183–200). SAGE Publications, Inc. https://doi.org/10.4135/9781412976077.n10

McInroy, L. B., & Craig, S. L. (2015). Full article : Transgender representation in offline and online media : LGBTQ youth perspectives. *Journal of Human Behavior in the Social Environment*, *25*(6), 606–617. https://doi.org/10.1080/10911359.2014.995392

McInroy, L. B., & Craig, S. L. (2017). Perspectives of LGBTQ emerging adults on the depiction and impact of LGBTQ media representation. *Journal of Youth Studies*, *20*(1), 32–46. https://doi.org/10.1080/13676261.2016.1184243

McLaren, J. (2018). "Recognize me" : An analysis of transgender media representation. *Major Papers*. https://scholar.uwindsor.ca/major-papers/45

McPherson, S., & Freedman, D. E. P. (2024). Psychological outcomes of 12–15-year-olds with gender dysphoria receiving pubertal suppression in the UK : Assessing reliable and clinically significant change. *Journal of Sex & Marital Therapy*, *50*(3), 315–325. https://doi.org/10.1080/0092623X.2023.2281986

Millette, M., Turbide, O., Paré Roy, E., Chartrand-Deschamps, E., & Pullen Sansfaçon, A. (2024). Media coverage of detransition (2017-2020) : Analysis of interpretative frame and rhetorical pattern [Article submitted for publication]. *Bulletin of applied Trans Studies*.

Mocarski, R., King, R., Butler, S., Holt, N. R., Huit, T. Z., Hope, D. A., Meyer, H. M., & Woodruff, N. (2019). The rise of transgender and gender diverse representation in the media : Impacts on the population. *Communication, Culture & Critique*, *12*(3), 416–433. https://doi.org/10.1093/ccc/tcz031

Narayan, S. K., Hontscharuk, R., Danker, S., Guerriero, J., Carter, A., Blasdel, G., Bluebond-Langner, R., Ettner, R., Radix, A., Schechter, L., & Berli, J. U. (2021). Guiding the conversation—Types of regret after gender-affirming surgery and their associated etiologies. *Annals of Translational Medicine*, *9*(7), 605–605. https://doi.org/10.21037/atm-20-6204

Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology*, *7*(3), 267–277. https://doi.org/10.1037/cpp0000291

Planchat, T., Pullen Sansfacon, A., & Gelly, M. A. (2024). Perspectives professionnelles sur la détransition et sur les transitions discontinuées [Article submitted for publication]. *Genre, Sexualité Et Société*,

Pullen Sansfacon, A., Gelly, M. A., Faddoul, M., & Lee, E. O. J. (2020). Soutien et non soutien parental des jeunes trans : Vers une compréhension nuancée des formes de soutien et des attentes des jeunes trans. *Enfances Familles Générations. Revue interdisciplinaire sur la famille contemporaine*, *36*, 1-22. https://journals.openedition.org/efg/10477

Pullen Sansfaçon, A., Gelly, M. A., Gravel, R., Medico, D., Baril, A., Susset, F., & Paradis, A. (2023). A nuanced look into youth journeys of gender transition and detransition. *Infant and Child Development*, *32*(2), e2402. https://doi.org/10.1002/icd.2402

Pullen Sansfaçon, A., Gravel, É., Gelly, M., Planchat, T., Paradis, A., & Medico, D. (2024). A retrospective analysis of the gender trajectories of youth who have discontinued a transition. *International Journal of Transgender Health*, *25*(1), 74–89. https://doi.org/10.1080/26895269.2023.2279272

Pullen Sansfacon, A., Temple-Newhook, J., Suerich-Gulick, F., Feder, S., Lawson, M. L., Ducharme, J., Ghosh, S., Holmes, C., Team, O., Behalf Of The, S., & Of, G.-A. C, Stories of Gender-Affirming Care Team (2019). The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics. *The International Journal of Transgenderism*, *20*(4), 371–387. https://doi.org/10.1080/15532739.2019.1652129

Restar, A. J. (2020). Methodological critique of Littman's (2018) parental-respondents accounts of "rapid-onset gender dysphoria". *Archives of Sexual Behavior*, *49*(1), 61–66. https://doi.org/10.1007/s10508-019-1453-2

Sissons, B. (2022). What is rapid onset gender dysphoria? *Medical News Today*. https://www.medicalnewstoday.com/articles/what-is-rapid-onset-gender-dysphoria

Slothouber, V. (2020). (De)trans visibility : Moral panic in mainstream media reports on de/retransition. *European Journal of English Studies*, *24*(1), 89–99. https://doi.org/10.1080/13825577.2020.1730052

Smith, B. L., Lasswell, H. D., & Casey, R. D. (1946). *Propaganda, communication and public opinion* (Vol. 2314). Princeton University Press. https://doi.org/10.2307/j.ctt183pjwp

Steensma, T. D., & Cohen-Kettenis, P. T. (2015). More than two developmental pathways in children with gender dysphoria? *Journal of the American Academy of Child and Adolescent Psychiatry*, *54*(2), 147–148. https://doi.org/10.1016/j.jaac.2014.10.016

Temple Newhook, J., Pyne, J., Winters, K., Feder, S., Holmes, C., Tosh, J., Sinnott, M.-L., Jamieson, A., & Pickett, S. (2018). A critical commentary on follow-up studies and "desistance" theories about transgender and gender-nonconforming children. *International Journal of Transgenderism*, *19*(2), 212–224. https://doi.org/10.1080/15532739.2018.1456390

Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors leading to "detransition" among transgender and gender diverse people in the united states : A mixed-methods analysis. *LGBT Health*, *8*(4), 273–280. https://doi.org/10.1089/lgbt.2020.0437

van der Miesen, A. I. R., Raaijmakers, D., & van de Grift, T. C. (2020). « You have to wait a little longer » : Transgender (mental) health at risk as a consequence of deferring gender-affirming treatments during COVID-19. *Archives of Sexual Behavior*, *49*(5), 1395–1399. https://doi.org/10.1007/s10508-020-01754-3

Vandenbussche, E. (2021). Detransition-related needs and support : A cross-sectional online survey. *Journal of Homosexuality*, *69*(9), 1602–1620. https://doi.org/10.1080/00918369.2021.1919479

Vrouenraets, L. J. J. J., de Vries, M. C., Hein, I. M., Arnoldussen, M., Hannema, S. E., & de Vries, A. L. C. (2022). Perceptions on the function of puberty suppression of transgender adolescents who continued or discontinued treatment, their parents, and clinicians. *International Journal of Transgender Health*, *23*(4), 428–441. https://doi.org/10.1080/26895269.2021.1974324

Wilson, E. C., Chen, Y.-H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The impact of discrimination on the mental health of trans*female youth and the protective effect of parental support. *AIDS and Behavior*, *20*(10), 2203–2211. https://doi.org/10.1007/s10461-016-1409-7

Winter, V. R., Kattari, S. K., Begun, S., McKay, K. (2019). *Personal and professional values : Relationships between social workers' reproductive health knowledge, attitudes, and ethical decision-making*. https://repository.globethics.net/handle/20.500.12424/4115823

WPATH, & USPATH. (2024). *WPATH and USPATH comment on the cass review*. mai 17. https://www.wpath.org/media/cms/Documents/Public%20Policies/2024/17.05.24%20Response%20Cass%20Review%20FINAL%20with%20ed%20note.pdf

WPATH. (2018). *WPATH position on « rapid-onset gender dysphoria »*. https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf